The Hampden Hippocrat

NOVEMBER 1969

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A bulletin for
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The Massachusetts
Medical Society

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EDITORIAL

NOT IF, BUT WHEN?

The drums are beating, the bandwagon is rolling, and many are jumping on. Compulsory national health insurance is on the way and, perhaps, around the corner. The public, having been stung by soaring health care costs, is being "educated" to the advantages claimed by various plans being drafted by various powerful groups. Not only are schemes to finance such a program under consideration but also the organization, delivery, and control of quality, quantity, and price of health services. The recurring themes are that (1) all Americans are equally entitled to the best health care; (2) Americans are spending a lot for health care but are not getting as much for their health dollars as they should; (3) most Americans—not all—have some health insurance but the plans pay for only a limited amount of services; and (4) the preesnt health care system is a "nonsystem" in that it is "disorganized, disjointed, and obsolete."

PROPOSED PLANS

United Auto Workers president, Walter Reuther, and his Committee for National Health Insurances envision a universal program paying practically all health care bills with financing from payroll taxes on employers and employees as well as general tax revenues, and administration by a federal agency. Moreover, fee for service is slated to be thrown out the window and prepaid group practice encouraged.

Not to be outdone by its apostate Reuther, the AFL-CIO is also drafting a national health insurance program offering wide benefits paid in a three way split by employee, employer, and the federal government with built in re-organizaton of medical care delivery.

The recent National Governors' Conference adopted New York Governor Nelson Rockefeller's national plan for utilizing insurance purchased from private carriers but with federal controls to lower costs.

Senator Jacob Javits (R., N.Y.) is working on a compulsory proposal with the help of former HEW Secretary Wilbur J. Cohen, with employee-employer contributions covering the employed and the government paying for the poor. Administration by the states with help from private carriers is envisioned.

The irrepressible Representative John Dingell (D., Mich.) is also drafting a federal-state health insurance plan with federal subsidies determined by income.

Others are getting into the act, such as those intimately involved in the Medicaid program, namely, Blue Cross president Walter J. McNerney, who is chairman of the new HEW Medicaid task force studying related problems. The latest "jumper-on," namely, the American Hospital Association, has created a blue-ribbon committee to examine policies on the provision of health services with an eye to the advent of national compulsory health insurance. Representative Wilbur D. Mills (D., Ark.), chairman of the tax writing House Ways and Means Committee, is planning marathon hearings on Medicare and Medicaid with anticipation of proposals for national health insurance to become interwoven in the deliberations. The "activist" medical student and physician organizations have amongst their diverse goals national health insurance and "community" control of health facilities.

On the other hand, the AMA is pushing hard its own program of income-tax-credits, wherein the federal government would help defray the costs of private health insurance by a system of graduated income-tax credits. In other words, a negative income tax to help the indigent buy health insurance from existing plans. The major criticisms of this approach are that private health insurance coverage is far from comprehensive and all-inclusive; moreover, there are no built in controls on providers of services nor incentives for improving productivity or quality of services.

CHANGE

The outlook is that change is in the offing. Some form of universal health insurance or a "reasonable facsimile" thereof providing for equal access to health care regardless of finances is seemingly bound to come. The time table will be influenced by how much pressure congress and the administration will tolerate from various forces. Will the electorate be convinced that taxes must be increased to pay for a benefit which they individually may not need? Such compromises will be in the wind as "Title 18½"—merger of Title 18 and 19—for openers.

In spite of the turbulence over what seem to be minutiae, evolutionary changes are definitely going to occur. Solo practice will gradually disappear being replaced by formal or informal group practice. Health care is bound to become increasingly institutionalized with hospitals becoming more and more the center for continuous care. The physician will become further removed from personal, individualized patient care and more of an overall manager as allied health workers take over more primary tasks. Finally, health care will become more "consumer oriented."

We, physicians, must become increasingly cognizant that change is inevitable—not change for change sake only—and that we must act forcefully and dominantly in influencing and effecting this change.

Ayres

Cover: *The Hampden Hippocrat* listens to the heartbeat of the HDMS and makes every effort to keep in tune with the desires of the membership. Its editorial staff of physician members makes every effort to meet the needs of its readers and comply therewith. However, we are not always omniscient, so if there is something on your mind, write and send it to the Editor.

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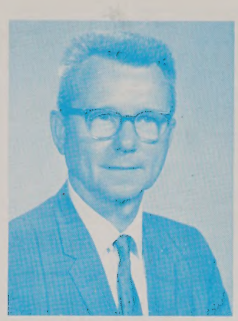

PEER REVIEW

Peer review has been a traditional concept of the medical profession. There is a need, however, for new methods of application to deal with problems of increasing scope and magnitude. We are familiar with tissue committees, record committees, cpc's, audit committees, etc. All of these have been useful, and each of them has been created and directed by physicians themselves, with the welfare of the patient being further protected. Quality control by peers is a basic tenet of all medical education and experience.

In keeping with modern developments, complex changes, and government concern, we must broaden our horizons, expand our activities, and be prepared to undertake a monumental task. If we do not wish to undertake this new task, which will require that we contribute the one valuable possession that we already have in short supply, namely time, then we will voulntarily and knowingly turn this task over to persons and agencies who are standing on the sidelines watching our activities, and anxiously preparing to step in and direct our destinies.

The AMA is urging us at the state and district level to become active in the new requirements that fall under the heading of peer review. These requirements I would like to discuss briefly.

QUALITY CONTROL OF CLINICAL WORK

This phase of peer review we are familiar with, especially at the hospital level. It is under this heading that we might add the recently emphasized need for post-graduate, on-going education. The MMS is increasing its efforts in this direction. Most physicians desiring to continue their work competently try to keep abreast with new developments. But many a busy physician, particularly one not belonging to a narrow specialty, finds it difficult to devote enough time in the pursuit of his quest for more learning, particularly if distance becomes an added factor. Proper utilization of local facilities, combined with adequate organization and local delivery of outside source material, could do much to solve this problem.

PEER CONTROL OF CHARGES

The government is almost convinced that in this regard the medical profession is not capable of policing itself, and that there are significant numbers of physicians who are dishonestly taking advantage of their position and are not controllable by their colleagues. You and I may disagree, but this belief is not enough. We must make it crystal clear, and soon, that we can control the situation and can guarantee that our colleagues charges will remain fair and just. How do we do this?

There is a rapidly developing interest within this state of creating some type of standardization of fees on a state wide basis. Ten of the major specialty organizations have published relative value or dollar value schedules. The MMS has just organized a new committee whose express function will be to initiate steps towards probable creation of a state wide relative value schedule, patterned after the California relative value schedule.

There already are in existence in Massachusetts two relative value schedules —one in Hampden District, and the other in Middlesex North. The basic deficiency in our Hampden schedule is the absence of a Society determined conversion unit. The individual physician adopts his own conversion unit, which he may change at will, and thereby we may see (and do) wide discrepancies between fees charged by physicians within the same specialty organization. This is entirely unrealistic, and from the viewpoint of insurance carriers or the government, is entirely unacceptable.

We must be ever mindful that solutions to problems involving quality control and reasonable charges must be devised and implemented; otherwise, solutions will be provided by others without our consent and with judgments not likely made by our peers.

Walter S. Mozden, M.D.

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GROUP PRACTICE

A large number of physicians practicing in this country are engaged in some co-operative endeavor. This ranges from part time coverage to the large clinic group. It is becoming increasingly clear that more and more physicians will engage in a type of co-operative practice. According to Dr. Julian Price, speaking at the American Hospital Association: "The trend toward specialization will continue with an increase in group practice clinics. These clinics will be staffed and equipped to furnish complete care for the ambulatory patient, and a large segment of the population will patronize their services."

The reasons for the increase in this form of practice are probably quite complex but doubtless include both socio-economic factors as well as the scientific developments of the past half century which have led to such a remarkable increase in specialization. To make specialization acceptable in a practical way, group practices must flourish.

OPPOSITION

The growth and development of clinics has not and will not occur without opposition. In the profession itself several attitudes of hostility are discernible toward group practice. There are the true conservatives who feel that any change in the traditional pattern is wrong. There are those physicians who resent bigness in any form. There are those who find themselves in direct competition with groups much to their disadvantage. Lastly there are those who feel that grouping of physicians constitutes an opening wedge for state medicine. However, these are well counter-balanced by those who feel that group practice represents the great bulwark against government control. Although the opposition to the formation of groups has never been well organized, it has been highly vocal. The most organized opposition to group practice has been to the various economic schemes introduced by the group-chiefly that of prepayment medicine and non medical control of groups (such as by the trade unions).

ADVANTAGES

Rather than dwell on the negative side, let us consider the positive aspects of group practice. Although it makes the life of the doctor easier, it is more than an arrangement for the convenience of physicians. And even though it provides a more stable income for doctors and permits retirement and disability provisions not readily available to the solo physician, it is more than an economic device. Properly conceived and properly practiced, it provides the most efficient means of bringing the diverse skills and achievements of modern medicine to those who need help. It provides a climate in which can thrive the finest relationship between doctors and a relationship which brings together various specialists to devote all their skills to the amelioration of human ills *free from economic competition amongst themselves.* It provides an atmosphere of mutual helpfulness and security which goes far to mitigate many of the tensions inevitable to the practice of medicine. It gives the doctor a sense of security which can only come from the feeling that he belongs to a group which at all times comforts and supports him.

If a group is to be truly successful, the guiding principle must always be that group practice is a way of medical life primarily devised to permit doctors to combine their skills to provide people with the finest medical care. Members of the group are free to bring their full potential to bear on the task

of superb medical care. The patient not only benefits from this better grade of medical care but we can catalogue these benefits into various kinds—professional, sociologic and economic.

The patient gets the benefit of pooled wisdom of all the members. If his case presents difficulties, it is considered by a number of men. If special diagnostic or therapeutic skills are required, they are immediately available. Delays are avoided, and checks can be imposed, or procedures proposed. The patient's personal physician can call for help without inhibition. The patient knows that if his own doctor is absent, another competent doctor is always available. Moreover, this doctor will either know the patient's case or will have immediate access to the records. The patient should have a comforting sense of security in knowing that this service is in existence. Because group practice is generally more efficient, it should be more economical for the patient. It certainly lends itself readily to various forms of prepayment, and this may be the basis for some of the opposition to group practice.

The advantages to the physician should not be overlooked. It gives the physician an opportunity to practice only his specialty and to do only the procedures for which he is best qualified. It gives him the opportunity to improve himself professionally, continuously by contact with his partners and intermittently by the change to get away for advanced study by utilization of the time allotted for post-grad education. By appropriate scheduling of time off, his patients are properly cared for at all times, and the physician is freed of that unremitting pressure that has taken many physicians to an early grave. The physician in the group can provide himself more readily with retirement provisions, with security from disability from illness or injury, and with many forms of eco-

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THE GROUP MAN

What sort of a man is this physician? In addition to his specialized competence in some field of medicine, he must have certain other special traits of character. The first is dedication; unselfish dedication to the ideal of providing the best in medical care. When a man is dedicated in any field, avarice and envy do not exist. Professional competence as distinct from specialized competence is necessary in every physician but especially so in group practice for the acts of each member reflect acutely on the status of the whole group. The member must be capable of team work. He must be able to adjust himself with flexibility and amiability to the personalities of his associates—diverse as they may be. And finally, the physician going into the group must have a deep sense of loyalty to his fellows in the group and to the group as an institution.

Obviously all physicians are not fitted for group practice either by reason of temperament or training or because of unreasoning prejudice. The rigid individualism which brought many of us into the field of medicine is one of the most common reasons for the failure of a man to make a success of group practice. The inability to adjust and to be flexible has ruined many a group.

DISADVANTAGES

What are the disadvantages to the member physician? There is no doubt that he gives up a measure of his independence when he joins the group. This is true of any organization—family, state or nation. He is subject to criticism at all times for acts of his partners. The incomes made by outstanding physicians cannot be made in a group setting. The individual doctor must cheerfully abide by decisions of the majority although these may not coincide with his own beliefs or desires. He may feel a sense of financial injustice in the distribution of income. He may be exposed to coldness in the attitude of his professional colleagues.

THE FUTURE

What does the future hold for the group? By their own admission, insurance companies find it easier to deal with a group than with solo practitioners. Much of the prepayment work in medicine is deliberately channelled to the group. Group practice lends itself uniquely to servicing insured people. The manner in which the prepayment medical plans are serviced certainly will determine the survival of the private practice of medicine.

It has been said that socialism is the ultimate and inevitable end of democracy. If so, it is important to direct these prepayment medical plans into channels which are good for the practice of medicine and good for the patient. It ill behooves the medical profession to turn over the thought, direction, and management of such plans to others. This then can be the greatest challenge to the group practice of medicine!

Zadworny

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LEGISLATIVE BOX SCORE

The March, 1969, issue of *The Hampden Hippocrat* (pages 6-12) carried a listing of bills introduced into the General Court of Mass. on which the MMS Committee on National and State Legislation took a stand. The following, as contained in a report by this Committee to the MMS Council on October 8, 1969, is a compilation of what happened to these various bills as they progressed through the legislative mill. The number of the bill, a brief description thereof, the Committee's recommendations in capitals, and the General Court's action in bold are presented. Defeated bills include several which were withdrawn or "died in Rules." Moreover, many referred to "Study" were subsequently defeated. Practically speaking, those bills successfully referred to "Study" are considered dead for the year:

To summarize the results, the Committee laconically stated: "we lost on chiropractic, won on generic prescribing, mandatory reporting by physicians of patients with physical or mental illnesses that would make them potentially dangerous drivers, psychologists' registration bill."

REGISTRATION OF PHYSICIANS

S 182 - Clarifying the type of registration to be issued to certain physicians. SUPPORT. **Passed.**

S 183 - Abolishing the approving authority for colleges and medical schools and permitting the endorsement registration of certain officers of the Armed Forces and of the Public Health Service and certain foreign medical graduates. SUPPORT. **Defeated.**

S 184 - Authorizing temporary registration as qualified physicians under designated circumstances. SUPPORT. **Defeated.**

S 185 - Assuring minimum competence of graduates of foreign medical schools applying for limited registration and to facilitate such registration. SUPPORT. **Defeated.**

S 187 - Granting the Board of Registration in Medicine the use of expert advice and assistance in devising and conducting examinations. SUPPORT. **Defeated.**

BIRTH CONTROL

H 418 - Relative to the authority of registered physicians or pharmacists to furnish drugs or articles for the prevention of pregnancy or conception. SUPPORT. **Defeated.**

CHIROPRACTIC

H 1759 - Providing for the indemnification to police officers and fire fighters for expenses for chiropractic services required as the result of injuries in the line of duty. OPPOSE. **Passed.**

H 2232 - Authorizing chiropractic care under service contracts. OPPOSE. **Passed.**

H 2231 - Clarifying discrimination under provisions of any policy of insurance, certificate or service contract. OPPOSE. **Withdrawn.**

S 990 - Clarifying the title of registered chiropractors. OPPOSE. **Passed.**

DRUGS

H 76 - Amending the drug addiction legislation. SUPPORT. **Referred to a study.**

S 380 - Establishing a drug and pharmaceutical committee in the Department of Public Health. OPPOSE. **Defeated.**

H 424 - Providing for the use of generic names for prescription drugs. OPPOSE. **Defeated.**

H 425 - Providing that when a drug is prescribed by brand name its generic or chemical name shall be included in the prescription. OPPOSE. **Withdrawn.**

H 740 - Resolve providing for an investigation and study by a special commission relative to the formula used in pricing prescription medicine and the feasibilty of requiring all prescriptions issued by doctors to contain the generic name of the medicine prescribed. SUPPORT. **Defeated.**

H 3120 - Re: pharmacist dispensing a drug which is the chemical or biological equivalent thereof. OPPOSE. **Defeated.**

H 2389 - Providing for the use of generic drugs for prescription drugs when recommended by prescribing physician. OPPOSE. **Defeated.**

H 3561 - Requiring the name of a prescribed drug to appear on the label of each container of such drug unless the prescriber expressly requires that the name of the drug be omitted from the label. OPPOSE. **Defeated.**

H 4028 - Requiring that all prescriptions by physicians be numbered and a record kept for whom a prescription was issued. OPPOSE. **Defeated.**

HOSPITALS

H 697 - Records kept by hospitals. FAVOR. **Defeated.**

H 116 - Providing that there will be a doctor in attendance at all times in all hospitals. OPPOSE. **Defeated.**

H 1614 - To repeal the law regarding confidential information concerning births. FAVOR. **Defeated.**

LEGAL

H 1229 - Relating to immunity from liability of certain members of professional societies or appointed members of a committee of a medical staff of certain hospitals. SUPPORT. **Defeated.**

H 1108 - To regulate research in institutions of the Commonwealth and to protect the general welfare and right of privacy of patients therein. SUPPORT. **Defeated.**

H 1244 - Providing for an investigation and study relative to the feasibility of repealing the law relative to immunity from liability of charitable corporations for their torts. SUPPORT. **Defeated.**

H 1319 - To increase the fees of the medical examiner and associate medical examiner of Suffolk County. SUPPORT. **Defeated.**

S 87 - To provide a specifically designated registered hospital medical officer to execute death certificates. OPPOSE. **Passed.**

H 586 - Relative to the authority of Medical examiners in making autopsies and establishing a maximum fee for the services of certain experts. OPPOSE. **Defeated.**

H 2391 - Relating to records of treatment in clinics and hospitals. OPPOSE. **Defeated.**

H 3373 - Relative to the furnishing of a medical report by a physician to the attorney of the patient. OPPOSE. **Defeated.**

NURSING

H 1316 - Providing a state subsidy for hospital schools of nursing. SUPPORT. **Defeated.**

PUBLIC HEALTH

H 156 - An act relating to admission of crippled children from other jurisdictions. SUPPORT. **Passed.**

H-157 - An act relating to the admission of children with "seizures" to the Massachusetts Hospital School. SUPPORT. **Defeated.**

H 159 - An act relative to clinical laboratories. SUPPORT. **Defeated.**

H 160 - An act classifying a drug as a harmful drug in cases of emergency. SUPPORT. **Referred to Study.**

H 496 - Requiring certain hearing tests for pre-school children. OPPOSE. **Referred to Study.**

H 596 - Authorizing the Department of Public Health to establish Glaucoma Clinics throughout the Commonwealth. OPPOSE. **Defeated.**

H 930 - Providing that the State De-

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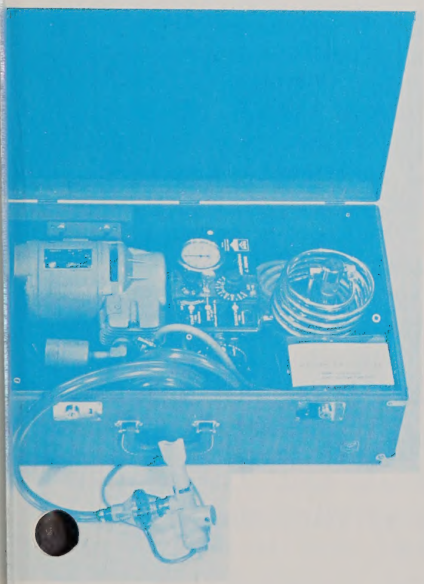

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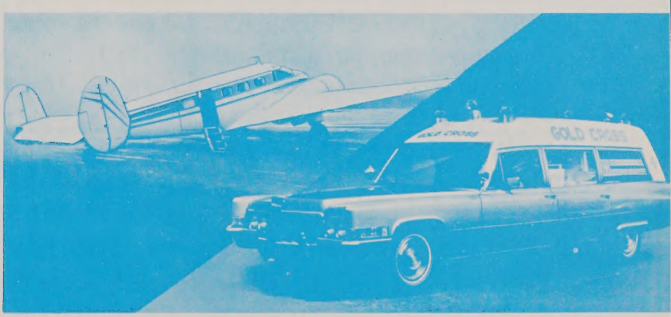

partment of Public Health furnish insulin and such other drugs for the treatment of certain diabetic patients. OPPOSE. **Defeated.**

S 481 - Establishing the Berkshire County Health Council. OPPOSE. **Defeated.**

S 940 - Establishing in the Department of Public Health a Massachusetts Poison Information Center. SUPPORT. **Defeated.**

H. 2603 - To return the fluoridation status quo. OPPOSE. **Defeated.**

SAFETY

H 1985 - To establish a medical advisory board and to require reports on certain persons to be made to the Commissioner of Public Health. FAVOR the section of the bill establishing a Medical Advisory Board. OPPOSE the section requiring physician reports. **Defeated.**

S 766 - An act requiring medical reports on certain persons to be made to the registrar of motor vehicles. OPPOSE. **Withdrawn.**

S 644 - Lowering the prima facie level of presumption of operating under the influence of intoxicating liquor of ten one hundredths of the percentage, by weight, of alcohol in the defendant's blood. SUPPORT. **Referred to Study.**

S 645 - Requiring analysis of blood samples in cases of motor vehicle fatalities. SUPPORT. **Referred to Study.**

MENTAL HEALTH

H 523 - To provide a defense of the disease of alcoholism to a criminal charge of public drunkenness or of being a common drunkard and to provide a program of treatment and rehabilitation for alcoholics. OPPOSE. **Defeated.**

H 113 - An act further defining the duties and powers of the Community Mental Health and Retardation Area Board. SUPPORT. **Defeated.**

H 114 - An Act repealing the provisions of law relating to the discharge of an unrecovered mentally ill person. SUPPORT. **Defeated.**

H 120 - An act authorizing the Department of Mental Health to enter into contracts and leases with private corporations, licensed hospitals, or government agencies for the purpose of operating community mental helath services. SUPPORT. **Defeated.**

H 430 - Prohibiting admittance, transfer and commitment of certain dangerous persons to the Boston State Hospital. OPPOSE. **Defeated.**

H 259 - To establish the position of chief psychological consultant to the Youth Service Board. SUPPORT. **Defeated.**

H 3579 - Establishing a Board of Registration of Psychologists. OPPOSE. **Defeated.**

MISCELLANEOUS

S 162 - Prohibiting the issuance of M.D. license plates to any physician who is not the holder of a degree of doctor of medicine. SUPPORT. **Defeated.**

H 2378 - To provide compensation to medical consultants in state service. SUPPORT. **Defeated.**

H 2843 - Providing that a physician be available at all times in certain cities and towns for the treatment of emergency cases. OPPOSE. **Defeated.**

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MMS COUNCIL MEETING HIGHLIGHTS

The stated meeting of the Council of MMS was held in Boston on October 8, 1969. The meeting was called to order at 10:00 A.M. by the President, Dr. Jacob H. Fine. Representing Hampden District were the following councilors: Drs. J. D. Allan, J. C. Ayres, W. C. Barnes, M. J. Boivin, B. N. Gilchriest, A. S. Johnson, J. R. Kelly, R. N. LaMarche, T. D. Ryan, W. E. Stevens, and H. B. Tillman. Obituaries of two Councilors were read; none were from Hampden.

Dr. Fine announced that as of October 3, 1969, the MMS was operating under new enabling statutes as passed by the General Court. A special committee has been appointed to revise the by-laws so as to conform with the new statutes.

Dr. Fine reported favorable progress in a meeting with the Commissioner of Industrial Accidents. No progress was made in a meeting with Mr. John F. O'Leary, Chairman of the Rate Setting Commission. The Society has been active in attempting to correct the excessive paper work involved in the new Medicaid forms, and the effective date of these forms has been put off to November 1, 1969. During this time it is hoped to simplify them. Dr. Fine also reminded the Council that chiropractors won a victory in the General Court three years ago when they became licensed, again two years ago when they won the right to be called Doctors of Chiropractic and this year when the General Court voted that they be paid by Blue Shield. There is a question as to what Blue Shield should do, and whether the law is mandatory or permissive. These legislative victories by chiropractors were the result of aggressive lobbying by them, and corresponding complacency by physicians.

There was a strong feeling that medical students should be involved in the activities of the Society, as they are in many medical schools. The Council voted that the officers of the Society pursue further their efforts to get student participation in Society's affairs.

It was announced that the Women's Auxiliary is actively engaged in encouraging students to think in terms of health careers. A mobile unit will travel around the State with film clips, slides and other promotional material. This unit will reach the Hampden area in March, 1970.

A number of purely informational committee reports were presented which required no action by the Council. The Committee on Medical Services presented a resolution committing the Society to explore ways and means of providing adequate health care for all persons in the State. The intent of the resolution was accepted, but the resolution was referred back to the Committee to clarify the wording.

The Members' Insurance Committee reported on the four officially approved plans and its effort to upgrade the Burdick Policy GBL (Senior Members' Disability Policy). The discrepancy between premiums collected by INA in the amount of $223,959 and benefits paid of $15,000 was answered by Dr. Levi, Chairman, that this policy is catastrophic insurance covering death and dismemberment. Furthermore, the proposal that the Society consider self-insurance was not prac-

tical for a number of reasons that he explained. The proposal was defeated in 1963 when it was found that at that time $25,000-$50,000 would be needed to start such a program.

A proposal was made by the Committee on Blood Banks that a bill be introduced into the General Court identical to the one adopted in California permitting minors over the age of 18 years to give consent to donating blood without consent of parents. However, since the submission of this recommendation, such a bill has already been enacted and signed by the Governor so that no action was needed by the Council.

The Committee on Osteopathy presented three resolutions approving appointment of osteopaths on an individual basis as interns or on resident staffs as well as on the medical staffs of hospitals in Massachusetts. A number of amendments were presented in regard to the wording of the resolution, and while general sentiment appeared to be favorable, the resolutions were referred back to the Committee for clarification and rewording.

Bristol South District presented a resolution which would terminate the services of Blue Shield and seek another insurance company as fiscal intermediary for the Medicare Program. However, since the fiscal intermediary is selected by the Department of HEW, the Society has no power to terminate the services of the fiscal intermediary and the resolution was ruled out of order. A letter from Dr. Robert J. Brennan was received expressing dissatisfaction with Blue Shield regarding usual and customary fees and a number of other members of the Council expressed similar dissatisfaction. Dr. Fine announced that Blue Shield and the Central Professional Service Committee were to meet in two days to discuss the matter of usual and customary fees, and later the problem of these fees would go to the voting members of Blue Shield. However, he indicated that final approval would be up to the Commissioner of Insurance.

The proposal that the Society take a firm position on smoking was referred to the Public Health Committee.

The Committee on Tax-Supported Medical Care discussed the problem of Medicaid and the meeting with State officials. They felt that the fee schedule and rate freeze concerning Medicaid as announced August 24, 1969 was illegal. Furthermore, they protested the complex forms to be used, considering them intolerable, and suggesting that substantial numbers of physicians would refuse to fill out these forms. Non-medical information should not be the responsibility of physicians. The effective date of the new system was postponed one month. During this period it is hoped that a workable system will be devised by

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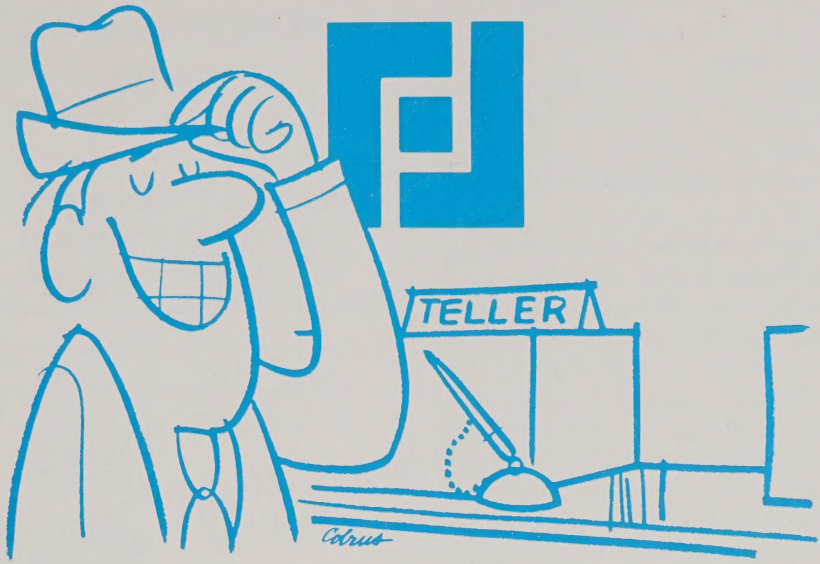

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joint effort. A subcommittee with Dr. Alfano as its chairman will work with Mass. DPW for an acceptable billing system, and it is also hoped that usual and customary fees will be adopted. A telegram was sent to Secretary of HEW Finch in regard to these problems, and an invitation to a meeting was received, although a date was not set.

Under suspension of the rules, it was voted to change the name of the Committee on Advanced Residency Training for Practicing Physicians to "Advanced Clinical Education."

Again under suspension of the rules, the Committee on Prevailing Fees presented three recommendations. These included: (1) authorization of the officers of the MMS to develop a state-wide relative value schedule in Massachusetts which would be acceptable to all districts and all specialties, (2) the recommendation that the California relative value schedule, the Middlesex North relative value schedule and any other source material be used as bases for developing such a state-wide schedule, and (3) that these schedules be submitted to the new Inter-Specialty Committee to suggest such changes in the schedule as may be appropriate to each specialty and that the revised schedule be submitted for Council approval. These three recommendations were approved.

The Council voted that the date of the next annual meeting would be May 20, 1970.

The Committee on Mental Health presented an informational report concerned chiefly with alcoholism and drugs.

A resolution from Middlesex North concerning the formulary for Medicaid was referred to the Committee on Tax-Supported Medical Care.

There being no further business, the Council adjourned at 4:15 P.M.

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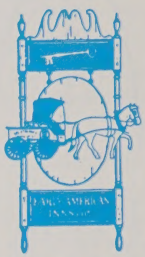

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HIGHLIGHTS OF THE OCTOBER EXECUTIVE COMMITTEE MEETING

The Executive Committee held its October 21, 1969, meeting in the Conference Room of HDMS. As Dr. Mozden, President, was called away on an emergency and as Dr. Collard, Vice President was unable to attend, Dr. Mozden requested by telephone that Dr. Stoler chair the meeting. Dr. Stoler called the meeting to order at 8:29 P.M.

Present were Drs. Stoler, Sullivan, Cummings, Barnes, Hough, Moore, Kelly and Mrs. Purdy.

It was moved and seconded that the minutes be approved as written.

CORRESPONDENCE

A letter from CVHPC, Inc. was read as informational.

Dr. Roberts wrote in answer to the letter from the Springfield Pediatric Association, and a copy will be sent to the Association.

A letter sent from Massachusetts General Hospital to area residents asking for support for a new cancer center was read. The Committee decided that copies should be sent to the Ethics and Discipline Committee of the MMS.

A letter from the Physicians Planning Service Corp. was read asking for information about group practice in the Springfield area. Dr. Stoler will answer this with statistics.

COMMITTEE REPORTS

Dr. Kruger, Chairman of the Malpractice and Medico-Legal Affairs Committee announced he would have a meeting of the representatives of the Hampden Bar Association and the Society shortly.

An informational report from Dr. James Allan, Chairman of the Legislative Committee, was read. These letters have been sent to every member of his committee with assignments to each physician of certain legislators for contacting when issues arise.

OLD BUSINESS

A brief discussion of the current welfare problems was held. It was decided that since MMS is meeting with the Mass. Dept. of Public Welfare, then locally we should await the decisions made by former.

NEW BUSINESS

Dr. Sullivan expressed concern about making up 37 units of blood recently given to a fellow physician. Dr. Hough volunteered for Wesson Memorial Hospital and Dr. Cummings for Mercy Hospital to ask staff members to donate blood.

The Meeting was adjourned at 9:45 P.M.

The Grievance Committee met and heard two cases.

The meeting adjourned at 9:55 P.M.

Ernest A. Byron

* * * * * *

SPRINGFIELD

WHITE CAP

The crystal chandeliers along with the elegant red and gold furnishings of Chez Josef in Agawam was the setting of the Auxiliary's seventeenth annual "White Cap Ball" on November 1, 1969. This black-tie dinner dance was well attended by the area's physicians, their wives, and friends.

Mrs. Robert J. O'Brien, Chairman, and Mrs. Victor Panitch, Co-chairman, and their committee arranged every detail to assure a gala evening. Following a social hour, a superb dinner was served, and there was dancing until 1:00 A.M. to the delightful music of Bernie Cohen and his orchestra.

Aside from it being a most enjoyable evening, the "Ball" was also a financial success—netting some $1,800. These proceeds will provide scholarships during the next academic year for deserving young people in the Hampden District area desirous of entering into or continuing their training in nursing and allied medical fields. Those members who could not attend the "Ball" but would like to make a donation to this fund, can still do so by sending a check to Mrs. Robert J. O'Brien, Chairman, 170 Mountainview Drive, Holyoke, Mass. All contributions will be most gratefully received, particularly since the "Ball" constitutes the only source of income to this scholarship fund.

"We talked shop." L. to R.: Dr. Robert Donohue, Dr. M. Morris Hilf, and Dr. Robert M. Abrams.

"We swapped stories." L. to R.: Dr. Robert J. O'Brien, Dr. Eugene W. Beauchamp, Jr, and ? but nice.

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"We Dined." L. to R.: Dr. and Mrs. Roger E. Parenteau and Mrs. Victor Panitch.

'e Were There too." L. to R.: Dr. Victor Panitch, rs. Maurice J. Boivin, Mrs. and Dr. William J. Dean,

"We Socialized." L. to R.: Mrs. and Dr. Peter Lynch and Dr. Robert Donohue.

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HAMPDEN CAPSULES

Dr. Mozden, Dr. Collard and Mrs. Purdy attended the MMS President's Conference in Framingham.

Dr. Collard was named Fourth Hampshire District Medical Examiner by Governor Sargent and was recently sworn in by the Governor.

Dr. Alifano presented HDMS with a copy of his new book of poetry entitled, "Fruits from Fertile Fields."

Dr. Sexton was elected President of the Association of Life Insurance Medical Directors at the Chateau Frontenac in Quebec City.

Dr. Bloom spoke at the annual meeting of the Springfield Memorial Society on transplants.

Dr. Whiting was re-elected as Chairman of the Springfield Memorial Society.

Dr. Whitney was appointed as Chairman for the Parkinson Research Foundation of Massachusetts for Western Massachusetts.

Dr. John Burke was elected to the Board of Directors of the Holyoke and Westfield Railroad.

Dr. Kennedy was elected as a trustee of AIC.

Dr. Efford spoke on "Smoking and Respiratory Diseases" in Holyoke.

Dr. Kendrew participated in a drug abuse panel at Hope Congregational Church.

Dr. Abrams is President of the Greater Holyoke Community Concert Association.

Dr. Romanos has been named Assistant Medical Director of the Massachusetts Mutual Life Insurance Company.

Dr. Platt was given a citation for devoted leadership from the Massachusetts Arthritis Foundation.

Dr. Calvert Stein and Dr. Bettigole spoke at a meeting of the Kodimoh Sisterhood on the subject "Are Jewish Mothers Really That Bad?"

Dr. M. Gene Black spoke at the Holy Cross Chapter, National Council of Catholic Woman on "Resuscitation" and showed films on "Eat to Your Heart's Content" and "Breath of Life."

Dr. Kendall transferred to Hampshire District.

Dr. Callan transferred to Middlesex East District.

Dr. Derby was recently honored by the Orthopedic Department of Mercy Hospital as a founder of that department. A portrait of him was presented to the hospital.

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On Wednesday, December 3, 1969, there will be held "A Day of Hematology" featuring "The Hemolytic Anemias." The program is as follows:

8:45- 9:00 REGISTRATION

9:00- 9:45 "ANEMIA DUE TO RED CELL METABOLIC DEFECTS"—David G. Nathan, M.D.

9:45-10:30 "THE HEMOGLOBINOPATHIES" — Samuel Charache, M.D.

10:30-11:00 COFFEE BREAK

11:00-12:00 MEDICAL GRAND ROUNDS

Case Presentation:
"PAROXYSMAL NOCTURNAL HEMOGLOBINURIA"

Discussion:
Frank H. Gardner, M.D.
David G. Nathan, M.D.
Samuel Charache, M.D.

12:00- 1:00 LUNCHEON

1:00- 2:00 "ACQUIRED HEMOLYTIC ANEMIA"—Frank H. Gardner, M.D.

2:00- 2:30 THALASSEMIA" David G. Nathan, M.D.

2:30- 3:00 Question and Answer Period—Panel.

Norman S. Talner, M.D., Professor of Pediatrics at the Yale University School of Medicine, will be the pediatric guest speaker on Thursday, December 4, 1969. His topic will be "Approach to the Infant Suspected of Having Critical Congenital Heart Disease." A clinical session will be held at 5:00 P.M., and the formal presentation at 8:00 P.M.

All physicians, residents, interns, nurses, and military personnel are cordially invited to attend.

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THE NEXT MEETING OF THE SPRINGFIELD ACADEMY OF MEDICINE

will be held on

Tuesday, December 9, 1969, at 8:30 P.M.

SPEAKER: Mark A. Hayes, M.D.
Professor of Surgery
Yale University School of Medicine

TOPIC: "Preoperative Irradiation in the Management of Carcinoma of the Rectum"

CLINIC: Wesson Memorial Hospital, 5:00 P.M.

CORRESPONDENCE

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To the Editor:

There are some 24 legislators from the HDMS area who by a margin of 22 to 2 felt academically empowered to confer the degree of "doctor" on chiropractors which, in my opinion, has as much value as a title conferred by some accommodating mercantile establishment. Not only that, they then reached further into the realm of the fantastic, completely ignoring the well documented fact that chiropractic is an unscientific cult, and directed Blue Shield to cover chiropractic services. I presume this includes manipulations, x-rays, ultrasound, etc.

An editorial in the Sept. 15th issue of the JAMA (1), which I strongly recommend for your reading, sets forth strongly a principle which has been upheld by the highest courts in the land. "Since chiropractic holds itself out as competent to treat the broad gamut of human disease, a state has the right to require that chiropractors must meet the same standards of education and training as doctors of medicine."

Some legislators will tell you that they were swamped with letters from the public to vote for these bills and that the medical profession failed to indicate its strong disapproval with enough letters to convince them otherwise. If they support or deny bills based on the weight of their mail bags, then I maintain they are failing to perform as knowledgable representatives. As your Legislative Councilor, I can tell you that they were each told of our collective and unified opposition of to these bills on many occasions and by individual contact. They merely ignored our advice for reasons which no one in your Society, locally or at state level, can adequately explain.

This is how your legislators stand:

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Maurice A. Donahue (Holyoke)

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George Hammond (Westfield)
John Coffey (West Springfield)
Walter Kerr (Agawam and West Springfield)
Robert McGinn (Westfield)

PRO-PHYSICIANS

James Nolen (Ware)
James Adams (Westfield and Western District)
*Vernon Farnsworth (East Longmeadow and Longmeadow)

*Mr. Farnsworth voted against licensing last year, but for the chiropractors this year.

It is obvious that we as individual citizens should become more involved in politics. At least, you can financially support worthy opponents of the incumbents who are Pro-Chiropractic. It is not complicated. Just write a check and send it to the person you wish to support. Remember, campaignning is an expensive business and every little bit helps. Perhaps, you could encourage your wife to help on telephone committees or get her friends to vote for your candidate. Last, but not least, get out and vote—vote in the *pre-primaries,* the *primaries* and the *election.*

Sincerely yours,

James D. Allan, M.D.
HDMS Legislative Councilor

(1) Editorial: *At Your Own Risk: The Case Against Chiropractic,* JAMA, vol. 209, no. 11, page 1712, (Sept. 15), 1969.

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ONE MAN'S OPINION . . . . .

DISSENT VS. APATHY

When former Chief Justice Earl Warren was asked whether he was ever disturbed by the frequent demands for his impeachment, he replied that protest, disagreement and controversy never bothered him. In fact, he welcomed them. What did dismay him a great deal, he went on to explain, was disinterest, indifference and apathy. Apathy, he emphasized, has caused the downfall of more democratic nations and institutions than any other single cause.

What does all this have to do with our profession? A great deal! Every medical society has had its share of dissenters. To label all of them indiscriminately as "trouble makers," "rabble rousers," or "crack pots" is a grievous mistake. Thomas Jefferson, now hailed as the greatest apostle of American democracy, was from time to time accused of being "visionary" and "fanatic." Associate Justice Oliver Wendell Holmes, whose praises need hardly be sung, has to this day retained the laudable designation of the "great dissenter."

However, this in no way is meant to exonerate controversy for the sake of controversy or for the sake of proving the other fellow wrong. Opposition without proposition is out of order. The same holds true for acrimony and ribaldry. One can disagree without being disagreeable. The only dissent that stands to benefit the democratic process is the kind that stimulates discussion, initiates new ideas, and illuminates the truth. Dissent of this type, far from being detrimental, is beneficial. It is in fact indispensable to organized medicine as it is indeed to all democratic organizations and institutions.

THE SCOURGE OF APATHY

In sharp contrast to rational dissent, apathy in any form is destructive, nay, even ruinous. There is in fact no such thing as harmless or innocuous apathy. Members who are totally disinterested

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are members in name only. Yes, they pay dues, but that's about all. They seldom if ever attend meetings, and they never serve in committee. They are satisfied to let George do it and if George doesn't do it, it's O.K., too. This, however, doesn't stop them from availing themselves of the benefits and privileges offered by organized medicine. The only time they mention medical societies is to belittle their efforts and accomplishments.

We hear a great deal these days about the evils of disunity in our profession. But how can we attain unity in the face of apathy? We must realize that the basic and ultimate unit of organized medicine is the individual member. It is understandable, therefore, that our District Society has been endeavoring for some time now to motivate every one of its members to greater and wider participation. One need but mention our indoctrination programs; the perennial invitation to volunteer for committee work; the constant flow of communication from the busy office of our Executive Secretary; and the very Bulletin you are now hopefully perusing. Most important, of course, are our District meetings. Here you can become informed of the many problems pervading our profession and the health of the public. Here you can participate freely in the deliberations of your Society. Here you can exercise your prerogative and franchise of the vote. And, finally, here you can also express your honest dissent and discontent. A good example of a meeting offering all these opportunities is the one held last September —a meeting most interesting and informative, yet attended by a mere one third of the membership. Most significant was the fact that only about one half of our new members, notwithstanding special invitations, appeared to receive their membership certificates.

It has been suggested that many

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members shun participation because of disagreement with some or all of the policies and actions of our Societies. To this Chief Justice Earl Warren might respond somewhat as follows: "It is far better to raise your voice in dissent than to stifle it in the doldrums of apathy."

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HDMS EXECUTIVE COMMITTEE MEETINGS, DECEMBER 16, 1969, AND JANUARY 20, 1970.

MMS COUNCIL MEETING, BOSTON, FEBRUARY 11, 1970.

MMS ANNUAL MEETING, BOSTON, MAY 26-28, 1970.

AMERICAN ACADEMY OF DERMATOLOGY, BAL HARBOUR, FLA., DECEMBER 6-11, 1969.

AMERICAN ACADEMY OF ORTHOPEDIC SURGEONS, CHICAGO, JANUARY 17-22, 1970.

AMA ANNUAL MEETING, CHICAGO, JUNE 21-25, 1970.

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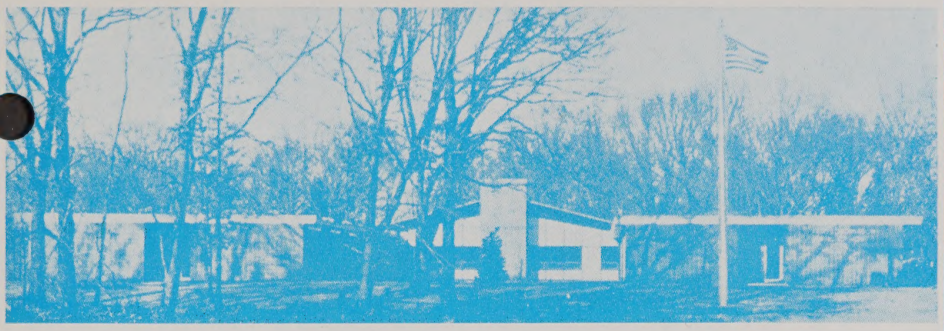

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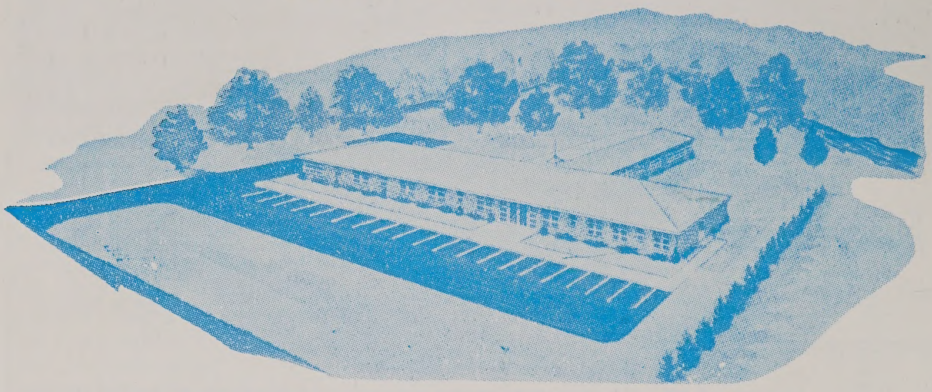

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